



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
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August 8, 2008

Karen Kellie, Administrator
McCall Memorial Hospital
1000 State Street
McCall, Idaho 83638

RE: McCall Memorial Hospital, provider #131312

Dear Ms. Kellie:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, McCall Memorial Hospital, on July 29, 2008.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, State form, which states that no State deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

FILE COPY

Karen Kellie, Administrator
August 8, 2008
Page 2 of 2

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by August 21, 2008, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "EM" followed by a flourish and the word "for" written below it.

ERIC MUNDELL, REHS
Health Facility Surveyor
Facility Fire Safety and Construction Program

EM/lj

Enclosures

AUG. 21. 2008 5:38PM

MCCALL MEM ADMIN

NO. 817 P. 308/07/2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131312	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2008
NAME OF PROVIDER OR SUPPLIER MCCALL MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 STATE STREET MCCALL, ID 83638		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The hospital is a single story building with a major renovation completed in 1997. That renovation and addition included a new kitchen, small staff dining, ER, OR, lab, admissions, conference rooms, CS, business, and mechanical. The buildings life safety features includes automatic fire extinguisher system, fire alarm/smoke detection throughout, emergency power (i.e., diesel generator set), piped in medical gases and vacuum, three exits to the exterior grade, four exits from specific areas, and portable fire extinguishers. The following deficiencies were cited during the fire/life safety survey: The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K 000		
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050	Fire drills will be conducted 1 per shift per quarter per NFPA 101, Section 18.7.1.6. All employees will sign off on fire safety training as part of their employee orientation, and will participate in fire drills. Fire drills are scheduled through the Plant & Grounds Preventive Maintenance Program. Documentation will be stored in this program, and in the Plant and Grounds office in paper form by the Director.	8-21-08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Karen Kellie

TITLE

LED

(X6) DATE

8-21-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AUG. 21. 2008 5:39PM

MCCALL MEM ADMIN

NO. 817 PrirP. 408/07/2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

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K 050	Continued From page 1 This Standard is not met as evidenced by: Based on staff interview, it was determined the facility had not ensured that all drills were held as required. The census for the facility was four. The findings include: Staff stated upon staff interview on July 29, 2008 at 4:20 p.m., that no drills were documented for the last twelve month time period previous to the survey. Lack of drills had the potential to affect staff response in case of a fire or building emergency.	K 050	This will be enforced by the Plant and Grounds Director and by hospital administration. The preceeding actions have been part of the hospital's Policy and Procedures. Fire Safety training and Fire Drills will continue, with proper documentation. We take this matter very seriously.	
K 056	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This Standard is not met as evidenced by: Based on record and staff interview, it was determined that the facility had not ensured that the automatic fire sprinkler system was inspected as required. The census of the facility was four.	K 056	Policy and Procedures will be written to assure that quarterly Fire Sprinkler inspections will be conducted per NFPA 25. Quarterly inspection will be documented in the Plant and Grounds Preventive Maintenance Program. This action is already in place, and the first quarterly inspection will take place during the week of August 25, 2008. If requested, the Director of Plant and Grounds will send copies of all fire sprinkler inspections and fire drills to the AHJ until notified otherwise.	

FORM CMS-2567(02-99) Previous Versions Obsolete

KYR121

If continuation sheet Page 2 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 056	Continued From page 2 The findings include: Record review on July 29, 2008 at 4:25 p.m. disclosed that there was no documentation that the automatic fire extinguishing system had been visually inspected as required by the sprinkler standard NFPA 25. Staff stated at that time that there had been no quarterly inspections completed by either the sprinkler contractor or by qualified on-site staff at the facility. Lack of required inspections, other than the annual inspection would provide potential for slow or non-response of the sprinkler system.	K 056			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131312	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2008
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B 000	16.03.14 Initial Comments The hospital is a single story building with a major renovation completed in 1997. The addition included a new kitchen, small staff dining, ER, OR, lab, admissions, conference rooms, CS, business, and mechanical. The buildings life safety features includes automatic fire extinguisher system, fire alarm/smoke detection throughout, newer emergency power (i.e., diesel generator set), piped in medical gases and vacuum, three exits to the exterior grade, four exits from specific areas, and portable fire extinguishers. No state IDAPA deficiencies were cited during the fire/life safety survey. Refer to the federal CMS 2567 and K tags K050 and K056 for deficiencies. The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	B 000			

LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

CEO

(X6) DATE

8-18-08

STATE FORM

021109

KYR121

If continuation sheet 1 of 1